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|------------|-------------|-------|----------------|---------------------|
| NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/364,343 | 07/30/99 | 604 | 3762 | KJ-100 |

APPLICANT JACQUELINE R. DOYLE, WEYMOUTH, MA; KENNETH F. SHORT, WEYMOUTH, MA.

CONTINUING DOMESTIC DATA***

VERIFIED

None *gy*

371 (NAT'L STAGE) DATA***

VERIFIED

None *gy*

FOREIGN APPLICATIONS***

VERIFIED

None *gy*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/18/99 ** SMALL ENTITY **

| | | | | | | |
|---|--|--|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MA | SHEETS DRAWING 3 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged Examiner's Initials _____ Initials _____ | | | | | | |

ADDRESS ARTHUR A SMITH JR
149 NORTH STREET
BOSTON MA 02109

TITLE WOUND IRRIGATION AND DEBRIDING SYSTEM

| | | |
|-------------------------------------|---|---|
| FILING FEE RECEIVED \$380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ |
|-------------------------------------|---|---|